

WASHINGTON STATE PRODUCTIVITY BOARD TEAMWORK INCENTIVE PROGRAM

Complete this form **AFTER** the project has been implemented.

This report serves as the application for teams that apply to the Productivity Board after their team project has been implemented. Teams must meet the following criteria:

1. Submit the completed application form to the Productivity Board within one year of full implementation of the team project.
2. The report must be submitted to the Productivity Board by the agency, with the agency head's approval.
3. Teams should demonstrate plans to operate at a lower cost or with an increase in revenue with no decrease in the level of services rendered.
4. Provide a list of all team members and the percentage of savings the team members will share. Note: The percentage of savings/revenue is up to 25%, with a maximum of \$10,000 per person. Also, include the percentage of the share each team member shall receive.
5. The completed team application should include the Team Member Authorization Form and the Agency Authorization Form.

APPLICATION FORM

TEAM NAME _____

AGENCY _____

PROJECT PERIOD _____

TEAM OVERVIEW

Provide a brief summary of the project. Please include attachments if needed.

ACHIEVEMENTS

Provide an overview of what the team achieved during the project period.

PERFORMANCE MEASURES

The team will need to show how the improvement will be measured, as the process currently exists, and with the anticipated improvements. Please describe and provide the following:

1. Flow chart showing origins, handling, and destination of the process before and after project.
2. List specific team tasks and the associated costs of doing business. Before and after.
3. Process used to track the team's progress.

Performance measures used:

TOTAL ACTUAL NET SAVINGS AND/OR REVENUE

Please provide documentation showing how the savings was derived.

\$ _____

Note: Awards are paid by the agency in which the team is located and/or from the benefitting fund. Awards are based on the total actual net savings or revenue generated by the team during the project period.

PERCENTAGE OF SAVINGS AND/OR REVENUE THE TEAM IS ENTITLED TO FOR AN AWARD:

_____ %

Note: The percent of savings or revenue (up to 25%, with a maximum of \$10,000 per person) the team is entitled to for an award, shall be agreed upon by the agency and team, prior to submitting this report to the Productivity Board.

TOTAL TEAM AWARD

\$ _____

TEAM AUTHORIZATION FORM

As certified by my signature below, I approve the application as submitted and agree with the information provided in the report.

TEAM MEMBER NAME (type or print) _____

JOB TITLE _____

Phone # _____ E-mail Address _____ AWARD RATIO _____

X _____

Signature

Date

TEAM MEMBER NAME (type or print) _____

JOB TITLE _____

Phone # _____ E-mail Address _____ AWARD RATIO _____

X _____

Signature

Date

TEAM MEMBER NAME (type or print) _____

JOB TITLE _____

Phone # _____ E-mail Address _____ AWARD RATIO _____

X _____

Signature

Date

TEAM MEMBER NAME (type or print) _____

JOB TITLE _____

Phone # _____ E-mail Address _____ AWARD RATIO _____

X _____

Signature

Date

TEAM MEMBER NAME (type or print) _____

JOB TITLE _____

Phone # _____ E-mail Address _____ AWARD RATIO _____

X _____

Signature

Date

AGENCY AUTHORIZATION FORM

AGENCY

UNIT/DIVISION

TEAM NAME

As certified by my signature below, I approve the above named unit/division to participate and receive the agreed upon award in the Teamwork Incentive Program. Awards up to 25 percent of net savings or revenue gains resulting from improvements made during the project period will be distributed according to the agreements made by the agency and team. The Agency Head may determine whether to waive the requirement of signatures from the unit supervisor, and/or fiscal/budget officer. The Agency Head must sign the report if he/she agrees with the team becoming an official Teamwork Incentive Program team.

As certified by my signature below, I have reviewed and agree with the information provided in the team report, and support the team receiving the award recommended in the report.

AGENCY PRODUCTIVITY BOARD COORDINATOR

Date

AGENCY HEAD

Date

Note: The agency head has the authority to waive the following signatures:

UNIT SUPERVISOR

Title/Date

AGENCY FISCAL OFFICE

Title/Date